organic muscular fibres, with some areolar tissue, intimately resembling those found imbedded in the walls of the uterus.

2. A tumour composed of the same elements as the preceding, but containing, in addition, some of the glandular substance of the prostate, more or less imperfectly developed. This also may be imbedded, with or without a cyst, seeming sometimes to partake more of the character of a local enlargement, limited to a small portion or lobule of the prostate tissue, and only partially isolated. Although separating this class from the previous one for facility of reference, it is more than probable that the two nearly merge into each other at their adjacent limits, the latter approximating to the former by insensible gradations; so that some tumours which appear to be purely fibrous at first may be found to exhibit slight traces, in parts of its structure, of the glandular element. In *all*, however, the basis is *muscular fibre.*

3. A tumour composed entirely of the ordinary structures of the prostate fully developed, and enjoying activity of function in common with the rest of the organ. It assumes a pyriform shape even in its earliest stage, and springs from the posterior median portion. It may vary in size from that of a pea to that of a middle-sized pear. The analogies between these and the tumours of the uterus are considerable. Pointed out by Velpeau and others, modern researches seem to indicate them more plainly.

1. There is a ground of analogy derived from the two organs, prostate and uterus, being undoubtedly morphological equivalents in the two sexes, the analogue of the uterus and vagina combined being found in the prostatic vesicle or utricle of man. Numerous authorities are referred to in support of this view.

2. A stronger ground may be found in the fact, that the prostate and uterus are organs whose bulk is constituted by the same tissue—viz., the organic muscular fibre. No other organ in the body besides these two is similarly constructed by thick masses of this tissue; elsewhere, it is distributed in very thin layers.

3. Both organs exhibit growths identical both in external and histological characters. Isolated tumours imbedded in the substance of the organ, and polypoid outgrowths intimately connected with its structure, are seen in both. The occurrence, in some prostatic tumours, of a very small proportion of partially-developed gland tissue, intermingled with the muscular basis, should be regarded rather as an accident of situation than as indicating any material difference between those and the purely muscular tumours.

4. The two organs are subject to considerable hypertrophic enlargement, mainly consisting of their constituent fibrous and muscular elements, and in both this may be associated with some tumour formation, or may exist independently of it; may, in the latter case, be local or general, affecting the whole or certain parts of the organ, and, when local, affecting particular spots more commonly than others.

5. The two organs are liable to these changes after the prime of life has passed. Bayle, quoted by Rokitansky, and confirmed by Dr. Robert Lee, says that 20 per cent. of women, after thirty-five years, have fibrous tumours of some size in the uterus. These preparations show prostatic tumours in 30 per cent. of males after fifty.—*Med. Times and Gaz.*, Feb. 21, 1857.

OPHTHALMOLOGY.

53. *The Ophthalmoscope in Diagnosis.*—Probably practical men have not as yet found that assistance in the diagnosis of the disease of the posterior part of the eyeball that it was hoped the ophthalmoscope would afford. However, the instrument is of much value, and we could readily point out the probability of its increased usefulness. The following case will exemplify its application: A young man applied to Mr. Walton, because he could not see with the left

eye. When the eye was directed forwards there was a glimmer of light, as he described it, "to the left;" but this was lost when the eye was turned outwards. There was not any objective symptom, except inactivity of the pupil. According to the history, a blow was received on the eyeball from a stone many months ago, and in a few minutes sight was lost. So apparently slight was the injury, that the surface of the eye was merely a little bloodshot. There was no after-symptom, not even pain. Mr. Walton determined to use the ophthalmoscope; and having seen some remarkable changes in the eye, brought the man to St. Mary's, on Wednesday last, to show him to his colleagues, or any gentleman who had not seen the ophthalmoscope applied. When the reflection of the mirror was thrown directly on the dilated pupil, the eye was not always at once illuminated, as happens when the interior of the organ has not undergone any structural change, the light falling as it were on a semi-opaque substance, but occasionally it enticed and produced illumination. A movement or two of the eyeball was sufficient to overcome this obstacle, which was apparently by the displacement of some substance. When the light was thus admitted, there was visible on the outer side of the eye a membranous looking body, with red vessels moving in undulations, and which Mr. Walton considered to be detached retina. With a little management of the ophthalmoscope, and altering the position of the eye, the ramification of the artery on the inner portion of the retina was recognizable. This was considered to be a satisfactory demonstration that the eye was destroyed, and that all treatment must necessarily be useless. If the ophthalmoscope only saved patients from useless courses of mercury, blistering, etc., and practitioners from the discredit of exciting false hopes, its utility would be very great. Mr. Holmes Coote has had a room fitted up at St. Bartholomew's, where the eye can be conveniently examined by the ophthalmoscope. He gave a very useful clinical lecture on the 12th instant, explaining the use of the instrument, concluding by narrating the following case: "A woman is at the present time in the hospital under my care, in whose right eye I have made an artificial pupil with advantage, and propose repeating the operation on the opposite organ. Two years ago, she had an attack of syphilitic iritis, which produced the usual effects of adhesion of the margin of the iris to the crystalline lens, and contraction and nearly complete obliteration of the pupil. By dilating the pupil in one direction, where the adhesion was less firm, by means of atropine and using the ophthalmoscope, I ascertained that the choroid was tolerably healthy, and I therefore recommended the woman confidently to submit to an operation, which would allow the free passage of light into the globe. This has been done, and she can now make out large print with a glass. My friend Mr. Wordsworth, of the Royal Ophthalmic Hospital, mentioned to me a case of blindness, ensuing after a blow, due entirely to an extravasation of a clot of blood in the vitreous humour, in the direct axis of vision. It was quite invisible in the unassisted examination, the eye of the patient looking natural. Now, many of you will enter the public service, where you will have to decide on cases such as these. A man, blind of one eye, especially the right, is hardly fit to be a soldier; and yet you might be inclined to accuse the man of malingering, in such a case as the preceding, without the assistance derived from the ophthalmoscope. A woman was recently dismissed from a large hospital as incurably amaurotic. It was discovered in another place, by means of the ophthalmoscope, that a melanotic tumour was growing from the back of the eye, and the organ was extirpated accordingly." Mr. Coote uses the instrument of Coccius.—*Med. Times and Gaz.*, Jan. 24, 1857.

54. *Inutility of Depletion in the Cure of Syphilitic Iritis.*—Mr. John Hamilton, Surgeon to the Richmond Hospital, in a recent clinical lecture (*Dublin Hospital Gazette*, Dec. 8, 1856), states that he is *sure* that depletion is unnecessary for the cure of syphilitic iritis. "I have," he says, "for many years past, treated a large number of cases without taking away a drop of blood, and cured them as rapidly and effectually as could be wished. The treatment has consisted in the administration of mercury to decided salivation, and the application of the extract of belladonna round the orbit." He reports two